# **BST Family Needs Screen**

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# **Objectives:**

- Identify the various sections and parts of the Family Needs Screen.
- Enter family needs information.

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# Introduction

The Family Needs Screen is a part of the BST that allows workers to collect information related to family members with special needs. There are two parts to this section: Section I Family Needs and Section II (Child or Adult). Section I is a mandatory part of the BST. The worker must either complete the five questions or indicate that the individual has declined to respond.

Section II is an optional set of questions that may be used to gather more comprehensive information about a family member with special needs. There is no requirement to complete any of the questions. Section II is broken down into one set of questions for children and another set of questions for adults with special needs. Section II was designed to allow the worker to bypass any questions that are not relevant to the special need(s) being discussed. Once a question in Section II has been answered, a checkmark appears next to it. This allows the worker to more efficiently review information that was entered on a previous date.

# **Family Needs Screen**

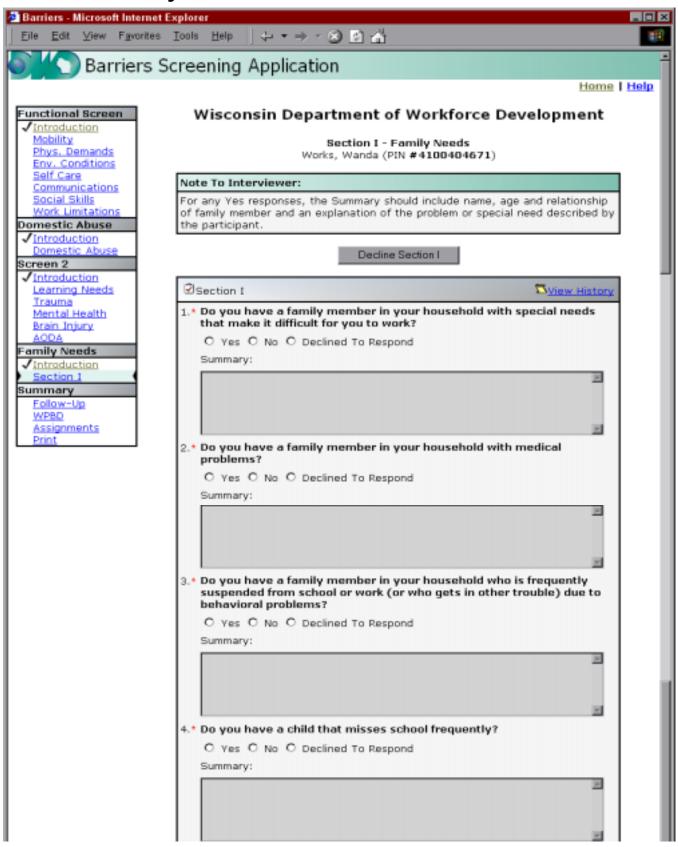
### **Family Needs Introduction**

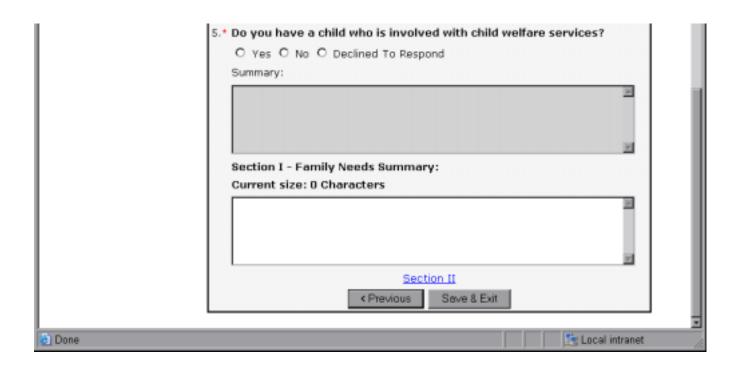


The screener must select either Continue or Declined to Respond to the Family Needs Screen, then click *Save & Exit* or *Next*.

**NOTE**: If the individual declines the entire BST, users MUST select Declined to Respond on this screen and click *Save & Exit*.

### **Section I Family Needs**





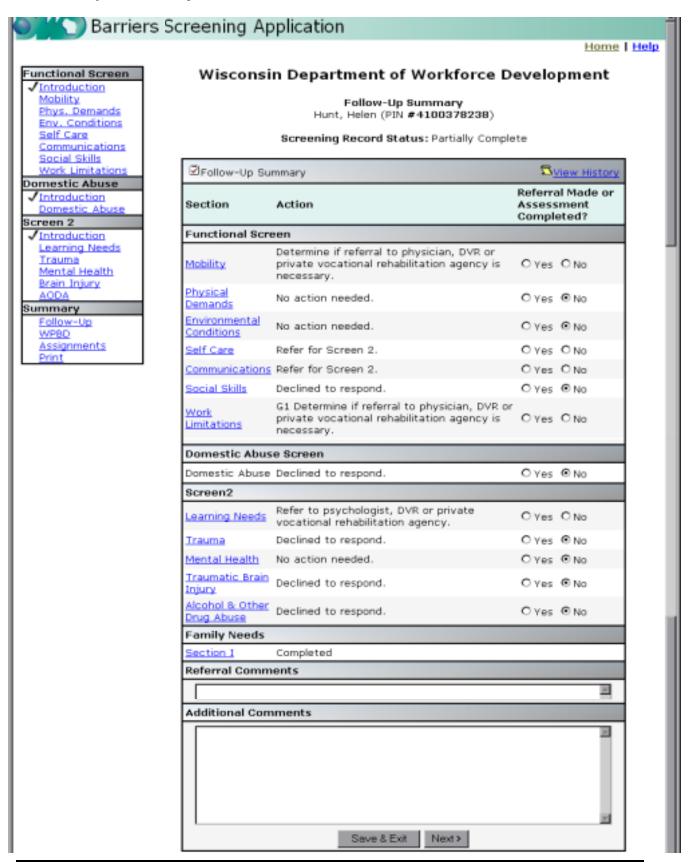
Clicking *Next* on the Family Needs Introduction takes the user to Section I Family Needs. This screen asks five questions related to special needs of other members of the individual's family that may affect the individual and his/her participation. Each question has a possible response of 'yes', 'no', or 'declined to respond'. If the response is 'yes', the worker must complete the Summary box with information that includes the name, age, and relationship of the family member to the individual along with a description of the problem or need.

Previous takes the user back to the Family Needs Screen Introduction. Save & Exit takes the user to Screen Selection.

If there are any 'yes' responses, the user has the option of continuing with the Family Needs screen by clicking *Section II*. This takes the user to the Family Members page.

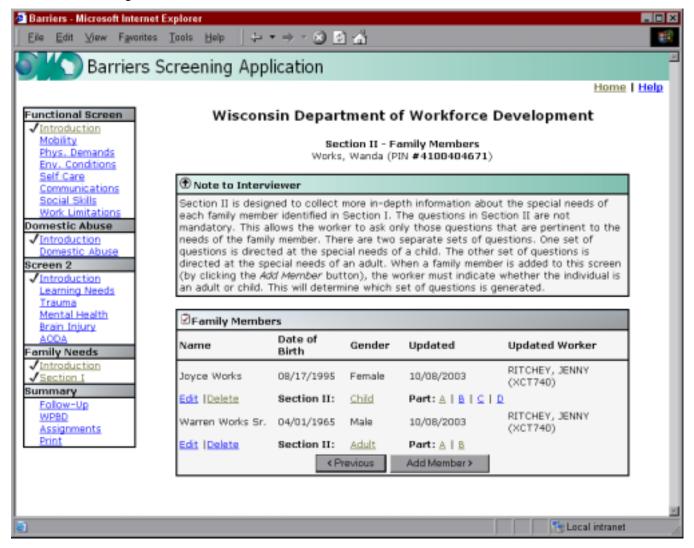
**Note**: These five questions must have responses entered in order for the screening record to be considered complete.

#### **Follow-up Summary**



Section I Family Needs is listed on the Follow-up Summary. If the section is complete, the word Completed displays in the Action Step column. If this section is not complete, the Action Step column will be blank. Users do not need to indicate if a referral was made or assessment was completed.

### **List Family Members**



Clicking Section II on Section I Family Needs takes the user to the Family Members page. (That is the only way to navigate to this page.) This page will list all family members that the user identified as having a special need in Section I once the user adds them to the record.

The first time that a user navigates to this page, it will be blank. Users may add family members by clicking *Add Member*. *Previous* takes the user back to Family Needs Section I.

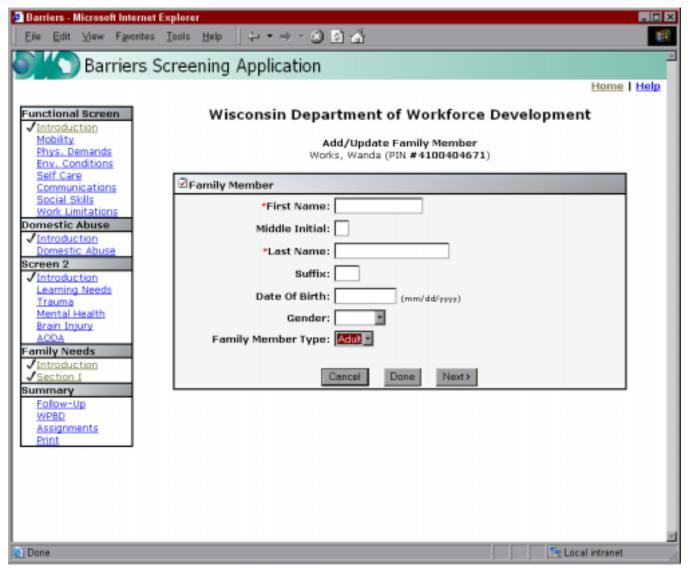
#### It lists

- Family member name
- Date of birth
- Gender
- Last updated date
- Last worker to update the record

- Which Section II can be started for that member (either Adult or Child)
- Which part of Section II has responses entered for that adult (A and/or B) or child (A, B, C, and/or D)

Edit allows users to update personal information for that family member. Delete allows the user to delete that family member. The Section II links Adult and Child navigate to those specific areas of Section II. The Part links A, B, C, and D navigate to those specific parts of the Adult or Child section. The Section II and Part links will only appear if that screen has been started for that family member.

#### Add/Update Family Members



Clicking *Add Member* or *Edit* on the Family Members page takes the user to Add/Update Family Member. This page allows workers to add or edit family member details. If the family member already exists the details display and the user may edit the details. If the worker is adding a family member, a blank screen displays.

These details should be entered for the family member:

- First name
- Middle initial
- Last name
- Suffix (Jr., Sr., etc.)
- Date of birth
- Gender (male or female)
- Family member type (adult or child); this determines which Section II questions are asked

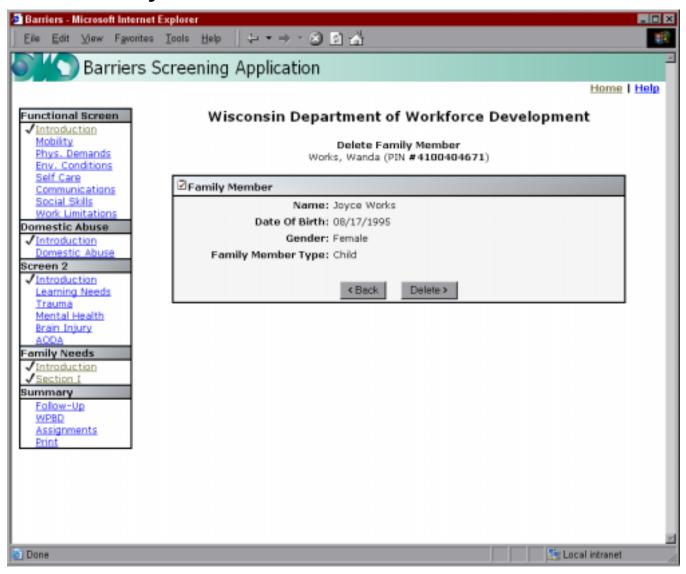
Workers may enter as many family members as appropriate. Workers should not enter family members who are not affected by special needs.

Example: Mom and three children. One of the children has special needs. Only that child should be added to the screening record.

Example 2: Mom, dad, and one child. Dad and the child have special needs. Both should be added to the screening record.

Cancel navigates to List Family Members without saving any data. Done saves data and navigates to List Family Members. Next navigates to the Adult or the Child section depending on the member type selected for the family member.

#### **Delete Family Member**



To delete a family member from the screening record, users should click the *Delete* link on List Family Members that is directly underneath the specific family member. Delete Family Member displays with the identifying information for that person.

Click *Back* to return to List Family Members without deleting the person. Click *Delete* to delete the person and return to List Family Members.

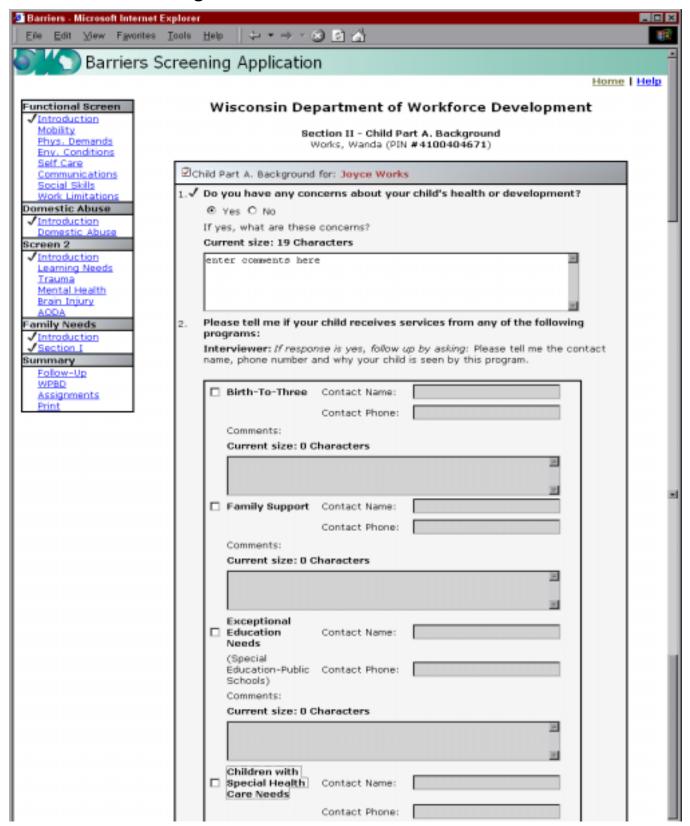
### **Section II**

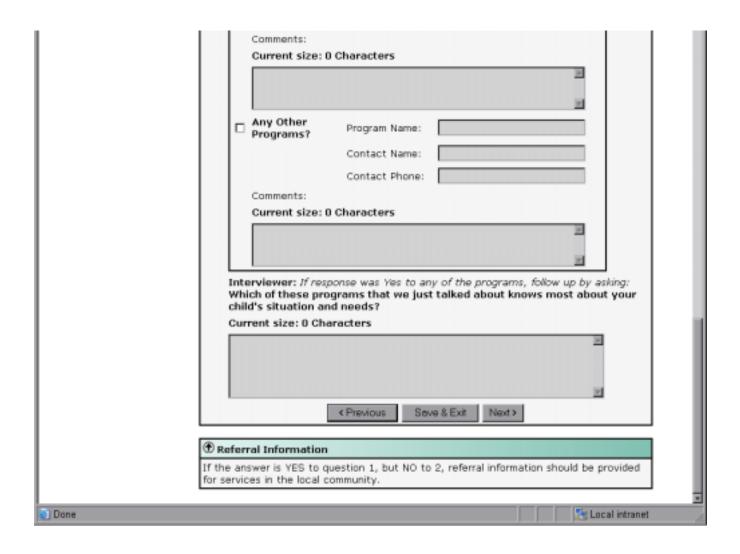
Once a family member has been entered into the screening record and is listed as either a child or adult, the user has the option of continuing to Section II of family needs. There is one set of questions in Section II for children and another set for adults. Each family member on List Family Members will have his/her own child or adult Section II.

10/08/03

#### **Section II Child**

### Child Part A Background





Users navigate to Section II Child by clicking *Child* or *A* on List Family Members or *Next* (if the family member is a child) on Add Family Members. The Child section has four parts: A – background, B – health and development needs, C – daily living needs, and D – child care needs. Users navigate between the four parts using *Next* and *Previous*. The questions in Section II are optional. Users may answer any or all questions as relevant to the individual being screened. The name of the family member displays at the top of each part.

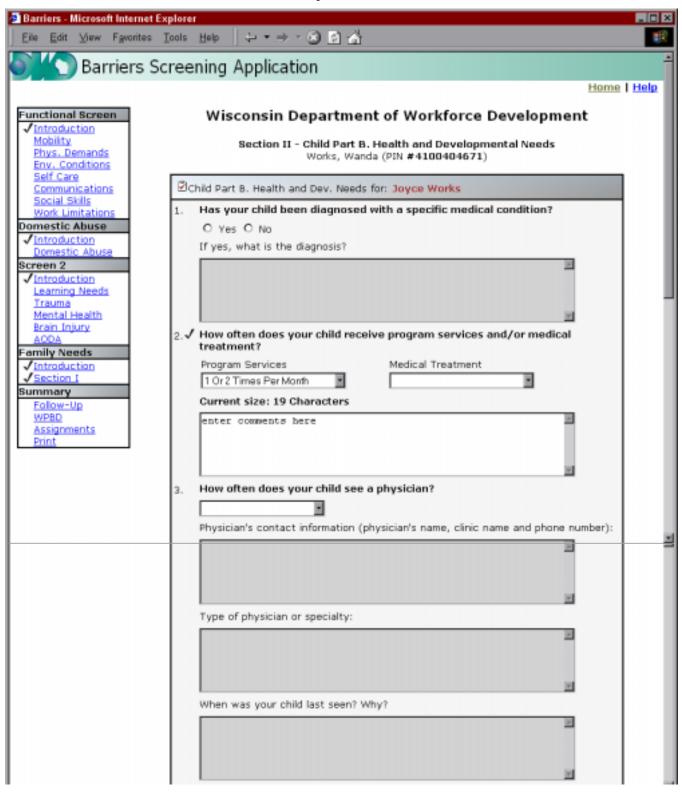
If the individual answers yes to question 1, the text box becomes enabled in order for the user to enter specific comments related to the concern. If the child is receiving services from any of the providers listed in question 2, click the check box in front of the program to select it. Enter information about the provider, including name and phone number along with comments about the services being received. *Any Other Programs?* may used to collect information about programs not listed.

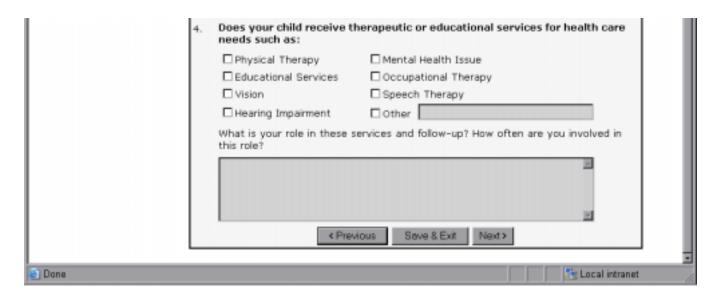
The final comment box is used to indicate which program is most useful for the worker to contact with questions about the child's needs. It will be enabled only if one of the programs in question 2 is checked.

The referral information for this screen tells workers to refer the individual to community resources if there is a concern but no current services are being received.

Save & Exit navigates to Screen Selection.

## Child Part B Health and Development Needs





Part B captures information about health and developmental needs for the child. The questions relate to a medical condition the child may have and services the child has received. All of the questions are optional. Users navigate to Part B by clicking B on List Family Members or *Next* on Part A.

If the response to question 1 is 'yes', the text box is enabled.

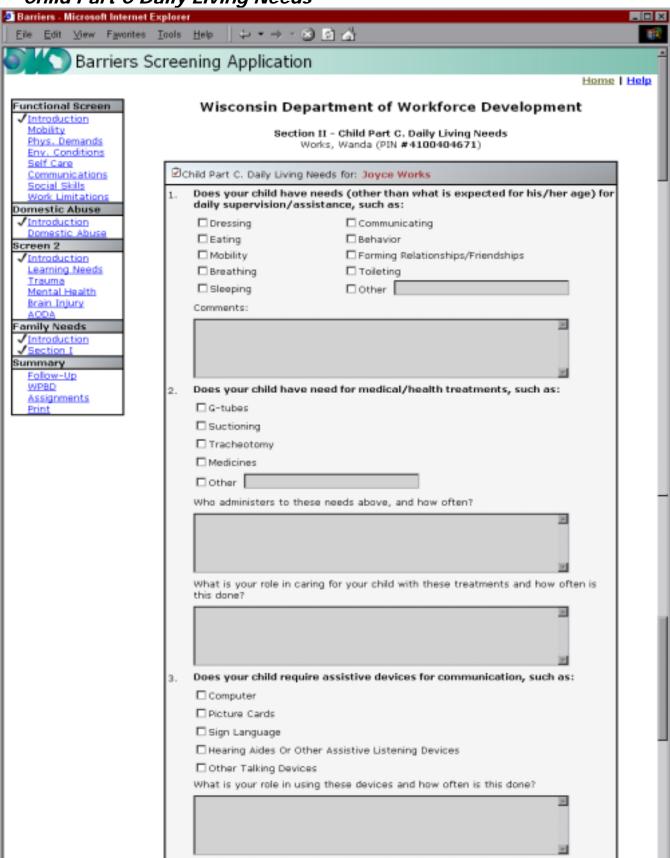
Question 2 asks about the frequency of services or medical treatment received by the child. If a selection is chosen for either service, the text box is enabled to enter more comments and details.

If the user selects a frequency for question 3, the following 3 text boxes are enabled.

Users may select as many services in question 4 as appropriate. The comment text box is enabled if any response is checked.

Previous navigates to Part A. Save & Exit navigates to Screen Selection. Next navigates to Part C.

Child Part C Daily Living Needs



| 4.        | Does your child require supervision/assistance with mobility, such as:  |   |
|-----------|---|---|
|           | □ Crutches  |   |
|           | □Braces   |   |
|           | Wheelchair  |   |
|           | Special Transportation Monitor  |   |
|           | Other   |   |
|           | What is your role in meeting your child's needs with these assistive devices and how often?   |   |
|           | now often:  |   |
|           |   |   |
|           |   |   |
|           | y .   |   |
| 5.        | Does your child receive home health care or other personal care services?   | н |
|           | O Yes O No  | Ш |
|           | If yes, please describe the services.   | Ш |
|           | <u>×</u>  | ı |
|           |   | ı |
|           |   |   |
|           | Is your shilds care consistant from week to week or does it shapes  | ı |
| 6.        | Is your child's care consistent from week to week or does it change<br>frequently with circumstances (e.g., appointments, health status)?           | - |
|           |   |   |
|           |   |   |
|           |   |   |
|           | M M   |   |
| 7.        | Are you ever contacted by the school to take your child home due to<br>behavior problems or physical or health problems.                            |   |
|           | O Yes O No  |   |
|           | If yes, how frequently?   |   |
|           | E   |   |
|           |   |   |
|           |   |   |
|           |   |   |
| 8.✓       | Interviewer: Print out and give participant the Daily Routine Scale. Looking at this scale, please tell me the number between one and ten that most |   |
|           | accurately describes your routine based on your child's special needs.  |   |
|           |   |   |
|           | 1 5 10 Regular and Stable Totally Unpredictable   |   |
|           | regular and State Totally Orlpredictable  |   |
|           | 2 Daily Routine Scale   |   |
|           | Comments:   | 1 |
|           | Current size: 0 Characters  |   |
|           |   |   |
|           |   |   |
|           |   |   |
|           |   |   |
|           |   |   |
|           |   | Ī |
| Done Done | Local intranet  |   |

Part C collects information related to any needs that the child may have on a daily basis. All of the questions are optional. Users navigate to Part C by clicking C on List Family Members or *Next* on Part B.

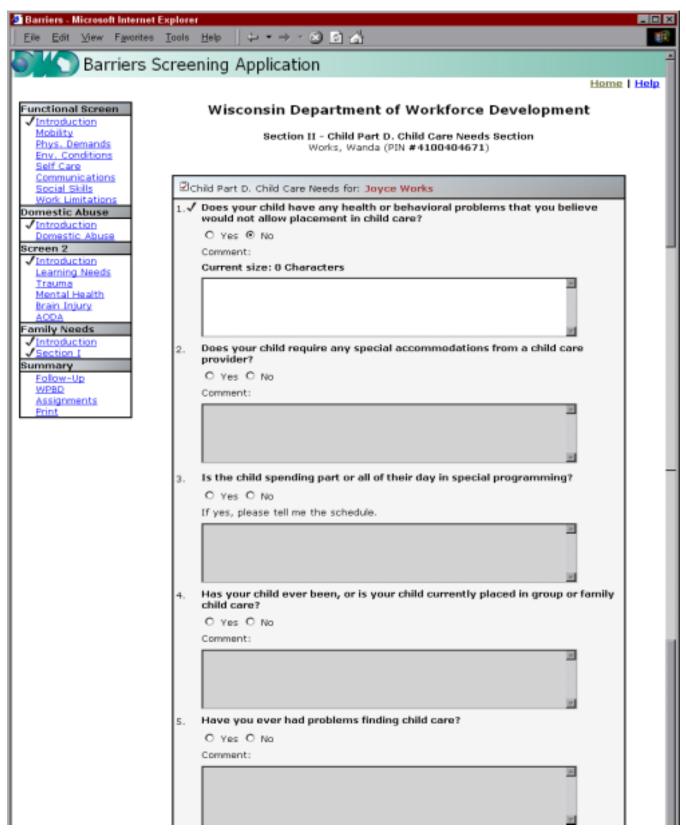
Users may select as many choices for questions 1, 2, 3, and 4 as appropriate. If any selections are checked, the text boxes are enabled for more specific comments.

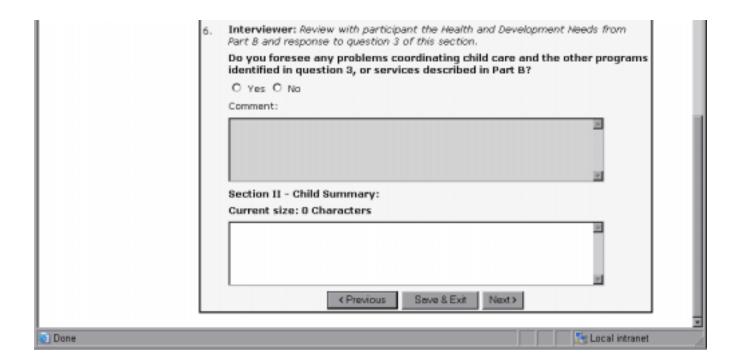
The comments boxes are enabled for questions 5 and 7 if the response is 'yes'.

Users should select a number 1 through 10 from the dropdown box for question 8 based on how the individual responds. Users may click *Daily Routine Scale* to view a PDF version of the rating scale for printing. The comments box is enabled if the user selects a number in the scale.

Previous navigates to Part B. Save & Exit navigates to Screen Selection. Next navigates to Part D.

#### Child Part D Child Care Needs





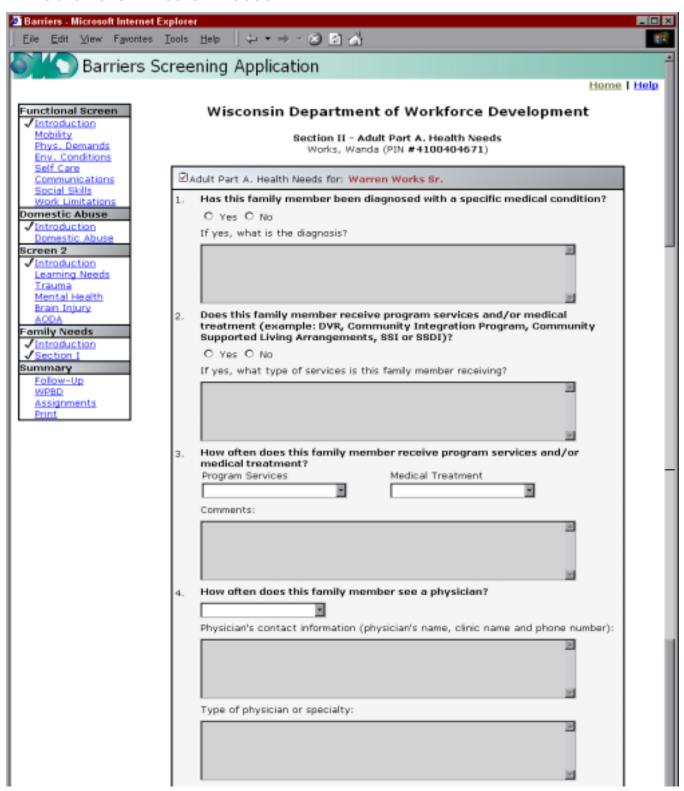
Part D asks questions related to special child care needs that the child may have. None of the questions are mandatory. Users navigate to Part D by clicking *D* on List Family Members or *Next* on Part C.

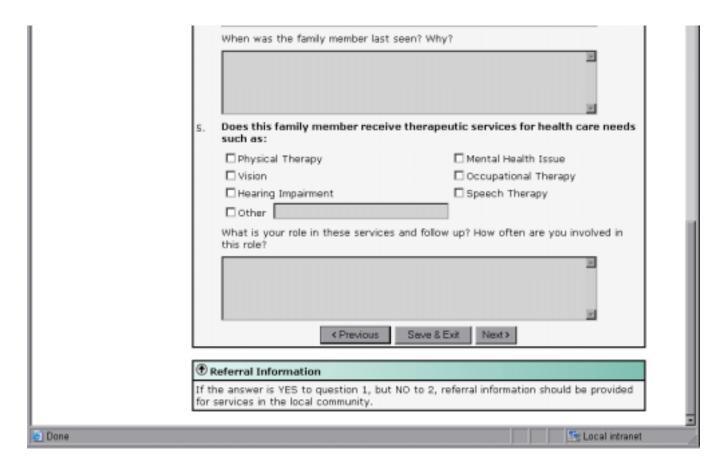
For all of the questions, a 'yes' response enables the text box for more detailed comments. The final comment box may be used to summarize information collected during the child screening.

Previous navigates to Part C. Save & Exit navigates to Screen Selection. Next navigates to List Family Members.

#### **Section II Adult**

#### Adult Part A Health Needs





Users navigate to Section II Adult by clicking *Adult* or *A* on List Family Members or *Next* (if the family member is an adult) on Add Family Members. The Adult section has two parts: A – health needs and B – daily living needs. Users navigate between the two parts using *Next* and *Previous*. All of the questions in this section are optional. Users may answer any or all questions as relevant to the individual being screened. The name of the family member displays at the top of each part.

For questions 1 and 2 if the response is 'yes', the text boxes become enabled for more detailed comments. Question 3 asks about the frequency of services or medical treatment received by the adult. If a selection is chosen for either service, the text box is enabled to enter more comments and details.

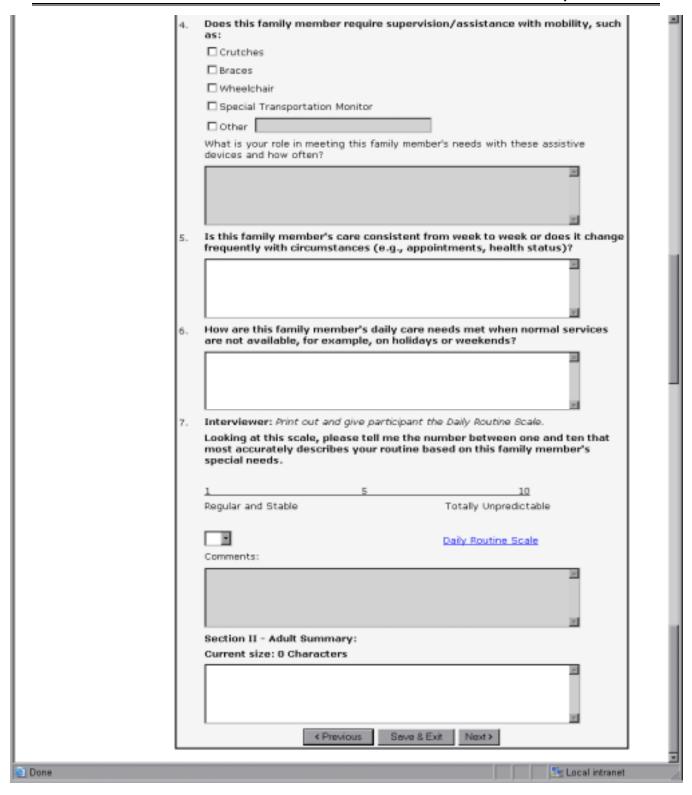
If the user selects a frequency for question 4, the following 3 text boxes are enabled.

Users may select as many choices for questions 5 as appropriate. If any selections are checked, the text box is enabled for more specific comments.

The referral information for this screen tells workers to refer the individual to community resources if there is a concern but no current services are being received.

*Previous* navigates to List Family Members. *Save & Exit* navigates to Screen Selection. *Next* navigates to Part B.

Adult Part B Daily Living Needs Barriers - Microsoft Internet Explorer Eile Edit ⊻iew Favorites Iools Help ↓ + → - 🖄 🔊 🚮 Barriers Screening Application Home | Help Functional Screen Wisconsin Department of Workforce Development √<u>Introduction</u> Mobility Section II - Adult Part B. Daily Living Needs Phys. Demands Works, Wanda (PIN #4100404671) Env. Conditions Self Care Adult Part B. Daily Living Needs for: Warren Works Sr. Communications Social Skills Does this family member have needs for daily supervision/assistance, such Work Limitation **as**: Domestic Abuse √ Introduction □ Dressing □ Communicating Behavior ☐ Eating Screen 2 ☐ Mobility ☐ Forming Relationships/Friendships √Introduction Learning Needs □ Breathing □ Toileting Trauma □ Sleeping Other Mental Health Brain Injury Comments: Family Needs √Introduction Summary Follow-Up WPBD Does this family member have need for medical/health treatments, such as: Assignments ☐ G-tubes □ Suctioning ☐ Tracheotomy ☐ Medicines Other Who provides the primary care for these needs, and how often? What is your role in caring for this family member with these treatments and how often is this done? Does this family member require assistive devices for communication, such 3. ☐ Computer ☐ Picture Cards ☐ Sign Language Hearing Aids or Other Assistive Listening Devices ☐ Other Talking Devices What is your role in using these devices and how often is this done?



Part B collects information related to any needs that the family member may have on a daily basis. All of the questions are optional. Users navigate to Part B by clicking B on List Family Members or *Next* on Part A.

Users may select as many choices for questions 1, 2, 3, and 4 as appropriate. If any selections are checked, the text boxes are enabled for more specific comments.

Users should select a number 1 through 10 from the dropdown box for question 7 based on how the individual responds. Users may click *Daily Routine Scale* to view a PDF version of the rating scale for printing. The comments box is enabled if the user selects a number in the scale.

Previous navigates to Part A. Save & Exit navigates to Screen Selection. Next navigates to List Family Members.